

CLAIMS ONLY							Application Number 10/697259		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	4									
Total Depend	24									
Total Claims	28									
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Filing Date

Applicant(s)

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